

# EXHIBIT 4

ORIGINAL

1 UNITED STATES OF AMERICA  
2 DEPARTMENT OF VETERANS AFFAIRS  
3 OFFICE OF RESOLUTION MANAGEMENT  
4 BAY PINES, FLORIDA

5 LARRY D. THOMAS,  
6 COMPLAINANT,

7 V.

Case No. 200I-0619

2004102917

8 CENTRAL ALABAMA VETERANS  
9 HEALTHCARE SYSTEM,  
10 RESPONDENT.

11

12 SWORN STATEMENT OF TY BEASLEY

13

14 Thursday - October 21, 2004

15

16 3:00 p.m. - 3:48 p.m.

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APPEARANCES:

19 DEPARTMENT OF VETERANS AFFAIRS  
20 OFFICE OF RESOLUTION MANAGEMENT  
21 Ten Thousand Bay Pines Boulevard  
22 Building 37, Room 112

21 Bay Pines, Florida 33708

22 BY: WINSTON JOHNSON  
EEO SPECIALIST



1 TY BEASLEY,

2 A witness, called for examination, after being duly  
3 sworn or affirmed, was examined and testified as  
4 follows:

5 EXAMINATION

6 BY INVESTIGATOR JOHNSON:

7 Q. For the record, my name is Winston  
8 Johnson, EEO Investigator, taking a telephonic  
9 affidavit for the complaint of Larry D. Thomas  
10 against the Central Alabama Veterans Healthcare  
11 System, West Campus, Case Number  
12 200I-0619-2004102917.

13 Would you state for the record your  
14 name and spell it, please.

15 A. My name is Ty Beasley, T-Y is the  
16 first name, and the last name is B-E-A-S-L-E-Y.

17 Q. You have the right to have a  
18 representative present, do you have a  
19 representative?

20 A. No, Sir, I do not.

21 Q. Would you like to proceed without  
22 one?

1 A. Yes.

2 Q. Where are you employed?

3 A. I am employed at the VA Central  
4 Alabama Healthcare System in Montgomery, Alabama.

5 Q. And how long have you been employed  
6 at this facility?

7 A. Well, my most recent position has  
8 been a little less than two years.

9 Q. And what is your title and grade?

10 A. My title is the Pharmacy Program  
11 Specialist. I do lead the Clinical Informatics  
12 Team, but if you're asking what my personnel title  
13 is, it's Pharmacist Programs Specialist. But the  
14 activity, the leadership I provide, it's the  
15 Clinical Informatics Team Leader, and my grade is  
16 GS-13.

17 Q. And who is your first-level  
18 supervisor?

19 A. My first-level supervisor is William  
20 Greer. He's the CIO of Central Alabama Healthcare  
21 System.

22 Q. This investigation will focus on the

1 claim accepted for investigation. I will read the  
2 claim into the record before you respond to it.  
3 Claim, termination during probationary period.  
4 Whether on the basis of race (black), the  
5 Complainant was discriminated against when on or  
6 about May 14, 2004, the Chief Information Officer,  
7 William Greer, informed him that at the end of the  
8 workday, his employment as the VistA Imaging  
9 Implementation Manager, GS-12, would be terminated  
10 during his probationary period for failure to  
11 successfully perform the duties of the position.  
12 Since this complaint is based on the Complainant's  
13 race, what is your race?

14 A. Caucasian.

15 Q. Do you know the Complainant?

16 A. Yes, I do.

17 Q. How do you know the Complainant?

18 A. I became acquainted with him as an  
19 employee in Central Alabama, that's when I first  
20 met him.

21 Q. And what role did he play on the  
22 Information Technology Team?

1           A.    The position he was hired to was, as  
2   you're already documented, was as the Vista Imaging  
3   Implementation Manager. That position -- did you  
4   want me to elaborate on what the position is, or --

5           Q.    No, you won't need to do that.

6           A.    Okay.

7           Q.    Did you have a role in the selection  
8   process for when the Complainant was hired?

9           A.    I actually was on the interview team  
10   when the interviews were conducted to fill that  
11   position. And in so doing, we what did was use a  
12   performance-based interview process, and each of  
13   the interviewers, you know, graded each applicant,  
14   and that information was sent to the CIO, the  
15   Acting CIO at that time, for selection.

16          Q.    And who was the Acting CIO at the  
17   time?

18          A.    Harald Carlisle.

19          Q.    In a memo dated June 17, 2004,  
20   William Greer, Chief Information Officer,  
21   identified factors the Complainant's termination  
22   was based upon. Mr. Greer stated the Complainant

1 superceded the directions of the VISN Initiative,  
2 and his interpersonal communication did not promote  
3 goodwill. Could you comment on this assessment of  
4 the Complainant's performance?

5 A. Larry, I guess, in my opinion, Larry  
6 often had difficulty even from the beginning, in  
7 trying to be the Implementation Manager and doing  
8 the job that needed to be done. What was expected,  
9 in my opinion, in this position, was to come in  
10 with the skill-set necessary to effect the program  
11 we were trying to implement, and get it implemented  
12 in short order, successfully, to provide training  
13 to endusers of various -- you know, some  
14 clinicians, some not -- and to sustain the program  
15 after it was implemented to the point where things  
16 were going well.

17 It seemed that he was -- from the  
18 very beginning and, I think, all the way through  
19 the end of his employment, he was always struggling  
20 to do that.

21 Q. The Complainant stated that the Chief  
22 of Staff asked him to develop a software package to

1 help Primary Care expedite their processes. The  
2 Complainant stated he developed a demonstration  
3 package for the service, but there wasn't any  
4 funding to implement it. Do you have knowledge of  
5 this request?

6 A. What did he call the request?

7 Q. They requested him to develop a  
8 software package where they could expedite certain  
9 processes. I think they was using  
10 transcriptionists to produce, and they asked him to  
11 create a software package that they could use to  
12 expedite this process.

13 A. I am not aware of that, but I have  
14 some information that could be related, I guess.  
15 At one time, Primary Care, which is one of our  
16 service lines, was asking for assistance in how to  
17 -- to look at some different solutions to  
18 dictation, which would be voice recognition  
19 software, that providers, the clinicians, could use  
20 instead of typing their notes and things into the  
21 computer. I do know that Larry assisted them by  
22 obtaining -- getting one of the vendors, I think it



1 was Dragon Dictate, D-R-A-G-O-N, Dictate Company,  
2 to provide a web meeting, which we conducted from a  
3 training room, and several of the key state coders  
4 were there for that demo. But that was just to --  
5 his only function was to facilitate a demonstration  
6 by the vendor, it wasn't to develop a software  
7 application.

8 And at the time, the understanding  
9 was is that once we facilitated the information  
10 that they could get, it was up to the Primary Care  
11 Service Line to try and proceed with trying to  
12 purchase the product and implement it. Does that  
13 sufficiently answer your question?

14 Q. Yes.

15 A. Okay.

16 Q. The Complainant challenged  
17 Mr. Greer's statement that his communications did  
18 not promote goodwill. He claims he had a pretty  
19 good rapport with everybody, including service  
20 chiefs, managers, and supervisors. Could you  
21 comment on Complainant's assessment of his  
22 communication with managers?

1           A. Well, there was a few elements to  
2     that, I think, in my opinion. Verbal  
3     communications and then, separately, written. Let  
4     me take verbal first. You know, Larry was  
5     encouraged, as Implementation Manager, to go out  
6     and meet with clinical service leaders and managers  
7     about the VistA Imaging Implementation and sit down  
8     with them and discuss how they wanted training  
9     done, develop training calendars, keeping them  
10    informed.

11           What we heard -- and, you know, the  
12    information that kind of came back by various  
13    methods, was that he didn't communicate well with  
14    the people, they didn't seem to take the  
15    communications in a positive manner. There were  
16    times when I personally met with him and other  
17    service managers just to make sure that things went  
18    well. It seemed that if there was any strain with  
19    communications that I would be there to help out  
20    with the discussion. But often, you know, people  
21    were either offended or said that the information  
22    he was given them was inaccurate, based on their

1 own knowledge of policies and procedures, and it  
2 just didn't seem often to be well-taken. Now from  
3 a written communications point of view --

4 Q. And we're probably going to discuss  
5 the written communication later.

6 A. Okay.

7 Q. The e-mails, and that type of stuff.  
8 Mr. Greer stated the Complainant lacked  
9 understanding of organizational internal processes  
10 and community structures. Would you comment on  
11 this assessment in regard to Complainant's  
12 understanding of these processes and structures.  
13 Like committees and internal organizational  
14 processes?

15 A. Sure. I -- you know, there were  
16 times when I would spend time with Larry, I tried  
17 to help facilitate his understanding of the VA  
18 structure. He, as well as many other employees,  
19 including myself, were always recipients of  
20 messages that came from our front office or our  
21 senior leadership about organizational structure.  
22 Many times these had attachments, had work charts,

1 so we could understand the changes in the  
2 organization and who fulfilled certain positions,  
3 so if you were looking for someone in a leadership  
4 position, you knew to right person to go to.

5 He constantly struggled with that,  
6 even when he was given directions by me, sometimes,  
7 saying that these are the people you need to talk  
8 to to get this done. And I was doing that, really,  
9 as in an advisory role, not as his supervisor, but  
10 trying to help him. And he didn't seem to get a  
11 good grasp for organizational structure, and was  
12 constantly, you know, going to the wrong people, or  
13 inappropriate people to get certain things done.  
14 So it often led to delays in getting things done,  
15 and sometimes frustration on the behalf of the  
16 users that were contacted when they shouldn't have  
17 been.

18 Q. The Complainant testified that he  
19 requested to be on several different committees,  
20 but Mr. Greer and Mr. Carlisle decided that he did  
21 not need to be on these committees. Do you have  
22 any relevant knowledge related to these requests by

1 the Complainant?

2 A. No, Sir, I don't. I don't have any  
3 information related to that.

4 Q. The Complainant testified he Chaired  
5 the VistA Imaging Project Committee, and scheduled  
6 weekly meetings which were attended by Imaging  
7 Personnel, and some individuals from the service  
8 lines. Could you comment on his leadership and  
9 organizational leadership in this committee?

10 A. Well, in my opinion -- because I  
11 wasn't actively involved in that, I wasn't actively  
12 involved in this Imaging Implementation, but I was  
13 knowledgeable of his efforts to do that.

14 The two perspectives I got is that  
15 there were times when others didn't participate  
16 actively, but they were also times when Larry did  
17 not participate actively. So it was somewhat  
18 discouraging to others, thinking that well, it must  
19 not be that important if he's not here to conduct  
20 the meeting. So that's generally some of the  
21 things I was hearing. I don't know if it really  
22 was that constructive or not. I think the

1 intention was good, to get people together  
2 face-to-face to discuss implementation issues, but  
3 it didn't seem to go that well, so I don't think it  
4 was successful.

5 Q. In addition, the Complainant stated  
6 that the system was not ready for implementation,  
7 which was the System Manager's responsibility, but  
8 it reflected upon him. Could you comment on this  
9 assessment?

10 A. I think the system was ready to be  
11 implemented, but it did require that someone come  
12 in and roll up their sleeves and proactively engage  
13 by teaching themselves, learning everything they  
14 could, and reacting to requests. I do know that we  
15 had implementation managers that were external to  
16 us, they were key to our implementation. They  
17 actually would come here and help set the  
18 infrastructure up and get things going. And from  
19 my perspective, the systems side of it was fairly  
20 uneventful. As a matter of fact, I think one of  
21 the National Implementation Managers was  
22 complimentary of our System's Manager for having

1 made it a smooth transition.

2                   What I do think was bumpy was the  
3 actual implementation from a roll-out of the  
4 application, which was primarily what Larry worked  
5 with the Implementation Manager to do -- I mean,  
6 the System's Manager, excuse me. His role was  
7 primarily to take -- technically what has been put  
8 into place and help provide it to the clinicians,  
9 train them, and get things running, from an enduser  
10 perspective, so ultimately, the clinicians and the  
11 other users that needed to view the images, could  
12 do that with little effort.

13                   **Q. Mr. Greer stated the Complainant's**  
14 **training and documentation were of such poor**  
15 **quality, that the training sessions had to be**  
16 **presented to IT staff members for review prior to**  
17 **client presentation. Could you comment on this**  
18 **assessment of the Complainant's lack of training**  
19 **expertise?**

20                   **A.** That, in fact, was necessary, because  
21 the preliminary drafts of training material looked  
22 to be incomplete. Not very coherent, I guess, as

1 far as putting the ideas together. So it did  
2 require that we had internal analysis training  
3 before it actually went realtime. There were a lot  
4 of errors in the spelling and in the sentence  
5 structure and things like that, so I could  
6 substantiate that that was necessary.

7 Q. The Complainant testified that the  
8 VISN provided him with two hours of training, which  
9 Mr. Beasley, yourself, believed was not good enough  
10 to train the medical staff. You stated that you  
11 suggested that they gather the available  
12 information, develop a new package, and present it  
13 to the IT Staff prior to presenting it to the  
14 medical staff. He stated that the training  
15 demonstration for the IT Staff was a team effort to  
16 improve the finished product. Mr. Greer viewed the  
17 exercise as the grading of the trainer. Could you  
18 comment on this training exercise?

19 A. Well, I wouldn't agree fully with the  
20 statements. One thing about the training and the  
21 length of it is that I don't recall ever going on  
22 record or saying that I felt two hours was



1 inadequate. You have different audiences and  
2 different portions of VistA Imaging to train on,  
3 it's not just one-size-fits-all for training. The  
4 most comprehensive part of the training could have  
5 easily been done in two hours.

6 I think that there was a bit of  
7 resentment between Larry and some of the VISN VistA  
8 Imaging personnel that actually came here to  
9 observe and evaluate our program about the length  
10 of time. They were very assertive about, you know,  
11 it doesn't take that much time. And to get  
12 clinicians that are very busy individuals in for  
13 training, you have to streamline your training, cut  
14 it down and make it very specific and not very long  
15 in duration. And I do know that there was a very  
16 significant difference between their opinion and  
17 his opinion of how long the training needed to be.

18 But I didn't really have a strong  
19 opinion about that. I felt that that was something  
20 that was more between him and the VISN, I wasn't  
21 really in a role of telling him how long his  
22 training should be or not.

1           Q.    The Complainant testified that he was  
2   the best-qualified trainer on the staff in regards  
3   to Microsoft and VistA Imaging training.  Could you  
4   comment on the Complainant's assessment of his  
5   expertise as a trainer?

6           A.    I wasn't real impressed with his  
7   expertise as a trainer.  I do know that his  
8   application package and all, he had lots of things  
9   that he cited, certifications and all.  But it  
10  didn't really fit, the qualifications didn't really  
11  fit the real result that we saw, or at least what I  
12  saw in my opinion.  So I think Larry was okay as a  
13  trainer, but he certainly wasn't more qualified  
14  than others on our staff by any measure.

15          Q.    In addition, the Complainant  
16  testified that when he presented the training to  
17  the medical staff to learn how to utilize the VistA  
18  Imaging Program throughout the hospital, and it was  
19  reflected in the training evaluation.  Could you  
20  comment on the Complainant's assessment of the  
21  implementation training that he give the staff?

22          A.    I wasn't present for a majority of

1 that, those trainings, so I really can't speak to  
2 the quality of it. As far as evaluations, I know  
3 there were times when Larry cited that, you know, I  
4 always get good evaluations, but I'm not sure our  
5 evaluation process is that valid of a process.  
6 Because when you conduct training, and you give  
7 someone an evaluation form right after the  
8 training, and say here, complete this, and they  
9 hand it back to you, I think that individuals  
10 sometimes are somewhat hesitant to be, you know,  
11 honest about their true evaluation. Some of the  
12 clinicians, you know, they just want to get out of  
13 there.

14 So if you give them the impression  
15 that I need to complete the evaluation form and  
16 leave, then people just rush through it, I don't  
17 think they give it a lot of thought. But I also  
18 think it's somewhat uncomfortable to have to  
19 complete an evaluation form in the presence of the  
20 trainer.

21 Q. Mr. Greer stated that the  
22 Complainant's written composition was of such poor

1 quality, that the clinical team leaders needed to  
2 review electronic messages for accurate  
3 professional content prior to electronic mailing.  
4 Could you comment on this assessment of the  
5 Complainant's written communications?

6 A. That is true, in my opinion. I mean,  
7 I picked up on it fairly soon as he began to  
8 communicate with the staff. His messages were  
9 often very poorly constructed, often words were  
10 misspelled, sentence structure was not good. His  
11 communication in general was not that good. And I  
12 did make efforts to give him feedback, constructive  
13 feedback, saying before you send this out, you may  
14 want to consider these changes or consider redoing  
15 your letter or your e-mail. That was not just not  
16 one occasion, but several occasions. And I think  
17 it got to the point where, you know, we had to  
18 request that nothing could go out until it was  
19 actually reviewed.

20 Because people's perceptions were,  
21 you know, when you get a message from a  
22 professional, and it's not written well, people

1 draw conclusions like well, how qualified or how  
2 educated, or whatever, is this individual if  
3 they're writing this way? So I think it did send  
4 out a negative message letting the messages go out.  
5 So we decided to do that, and I made a lot of  
6 effort to help Larry with that. We also offered to  
7 tell him, you know, you need to seek out additional  
8 training when you can. Maybe consider college  
9 courses, things like that, that could help him  
10 improve his communication and writing skills.

11 **Q. The Complainant conceded that e-mails**  
12 **were often hurried to meet deadlines mandated by**  
13 **Mr. Greer. He stated that there were some errors,**  
14 **but the message was clear. Could you comment on**  
15 **the Complainant's assessment of the message being**  
16 **clear?**

17 **A.** I don't think there were many times  
18 when they were not clear at all, and it would have  
19 been detrimental to send them out had they not been  
20 reviewed and corrected before they were actually  
21 distributed to an outside audience. And I have  
22 first-hand experience dealing with those kinds of

1 messages, so I'm not sure I understand what he  
2 meant by being hurried. A lot of people in high  
3 positions have deadlines to meet and schedules,  
4 that's part of the reason you're in those  
5 positions, and you have a skill-set that can  
6 accommodate reacting in short order to issues and  
7 being able to communicate clearly with people.

8 Q. Have you had the opportunity to  
9 review other written documents generated by the  
10 Complainant, other than e-mails?

11 A. Yes, I reviewed some training  
12 material, training documents that he used to issue  
13 to people that he trained, e-mails, and that's  
14 about all I can recall. But that's generally the  
15 way we communicate here, through e-mail. I don't  
16 remember if there were any document attachments  
17 that I supplied.

18 Q. Describe the quality of the training  
19 materials that --

20 A. They needed to be corrected before  
21 they were ready for distribution to the trainees.  
22 It was not -- you could tell that he used a lot of

1 things that came off of other training documents.  
2 But then, the way it was kind of put together, you  
3 know, it lacked a little bit of coherence. Some of  
4 the wording between screen captures and things like  
5 that, he did get off of web sites that was not  
6 correct, and had to be corrected from time to time.

7 Q. Mr. Greer alleged a security  
8 violation when the Complainant allowed his son to  
9 use a government laptop to install sharing files.  
10 Do you have relevant knowledge related to this  
11 alleged security violation?

12 A. No, Sir. All I know is that I  
13 assisted Larry in getting permission to use the  
14 laptop, to get a laptop issued to him through the  
15 VA, so he could use it for training purposes as he  
16 moved across campuses and things like that. But I  
17 don't have any direct knowledge of the security  
18 violation.

19 Q. Mr. Greer stated that had the  
20 Complainant's message that the communication did  
21 not always promote goodwill, often alienated the  
22 clients and managers. Could you comment on this

1     **assessment of his method of communication?**

2             A.     Well, we talked some during this  
3     interview about the fact that his communications  
4     were not that good. But as far as how they were  
5     received, you know, you can only go by how people  
6     respond. And I will tell you that there were  
7     several people in management and senior leadership  
8     positions, they were either offended or didn't  
9     appreciate the tone of the communication that was  
10    sent to them, and made that known to us. So, you  
11    know, there were several, I think, over the period  
12    of his employment that responded that way.

13            Q.     The Complainant testified that he  
14    only had a problem with one manager, William Piper.  
15    Because Mr. Piper, he yelled at a supervisor about  
16    a concern prior to giving the Complainant the  
17    opportunity to resolve it between them. He stated  
18    he worked well with the other managers. Do you  
19    agree with that?

20            A.     No I wouldn't. Although Larry had  
21    good intentions, but I don't think the other  
22    managers' perception was that good of how well they



1 worked with him. I do know that there was a level  
2 of -- I don't know what you could call it,  
3 friction, for example, between Mr. Piper and Larry.  
4 But I think that's only because the importance of  
5 the VistA Imaging personnel working with the  
6 Biomedical Engineering personnel. And the reason  
7 that that was necessary is a lot of the medical  
8 instruments were maintained by the Biomedical  
9 Engineering Team, and many of those instruments  
10 would interface or need to be interfaced. So there  
11 was a need to have a good working relationship with  
12 that staff to be successful as the Implementation  
13 Manager. And I think the system's manager  
14 maintained probably a better working relationship  
15 with them than he did.

16 Q. Mr. Greer stated based on the  
17 Complainant's lack of clinical background, he could  
18 not obtain a grasp of clinical needs, roles, and  
19 responsibilities. Could you comment on this  
20 assessment of Complainant's lack of awareness in  
21 regard to clinical needs?

22 A. Yes, I think he lacked a perspective.

1 I don't think he had any experience in that area,  
2 so I don't know if, you know, it just didn't seem  
3 that he grasped the clinical environment that well  
4 compared to a non-clinical environment. You know,  
5 there's a lot of clinical people, there's nurses --

6 (Discussion was held off the record.)

7 BY INVESTIGATOR JOHNSON:

8 Q. About the clinical awareness of the  
9 -- in regard to clinical needs.

10 A. Okay, let me continue. I don't think  
11 Larry brought a background of working in a clinical  
12 environment with him, and it was very difficult for  
13 him to work in this new environment. It often led  
14 to misunderstandings, you know, about what the  
15 clinical staff really needed in training, versus  
16 what his perception was. So I do think it was a  
17 lack of clinical background, or working in the  
18 clinical setting did add to his problems with  
19 performing the job.

20 Q. Complainant testified that he worked  
21 well with clinical side of the hospital, and  
22 possessed a good understanding of their needs.

1 Could you comment on his assessment of his grasp of  
2 clinical needs?

3 A. Well, I wouldn't agree. In my  
4 opinion, because we, you know, in order to balance  
5 things -- then again, I think I know as an outsider  
6 looking in, but I do know that our network, our  
7 VISN, V-I-S-N, personnel would be asked to come to  
8 evaluate how we were doing, and to make a site  
9 visit. And I do know that based on their site  
10 visit and their assessment, there were often major  
11 issues with their perception of how he was doing  
12 the training, as opposed to what they felt that the  
13 clinicians needed. And there was a time when he  
14 disagreed with them. He said -- we have one doctor  
15 from Dublin, I think, that actually was acutely  
16 involved in the VistA Imaging Initiative across our  
17 network, and came and worked with him. And some  
18 other clinicians actually sitting in on training  
19 sessions tried to advise him, saying you need to  
20 modify your training, you need to cut it down, you  
21 need to streamline it. And I think he was fairly  
22 adamant to disagree with them. So in that sense, I

1 think it hurt him.

2 Q. How would you describe the  
3 Complainant's interactions with the female staff  
4 members?

5 A. Well, in my opinion, there were times  
6 when -- I never witnessed anything, myself, that  
7 would be considered inappropriate or strained, as  
8 far as --

9 Q. Are you aware of any allegations of  
10 inappropriate conduct?

11 A. Yes, there were times when people  
12 would contact us, or I have understood they had  
13 contacted us about issues with interpersonal, I  
14 guess, reactions with him, or interactions with  
15 him. You know, there were some fairly, I thought,  
16 significant complaints. But I would have no  
17 knowledge of whether they were substantiated or  
18 not.

19 Q. What type of complaints?

20 A. Sexual-type comments, or handling  
21 himself in private parts of his body during  
22 conversations or interactions with them. You know,

1 just a general feeling they felt uncomfortable  
2 because of, I guess, the type of interactions at  
3 the time. At one point, lingering in offices, not  
4 taking care of whatever they came for and then  
5 leaving, but staying around, trying to have  
6 friendly talk and just, you know, probably being  
7 too friendly, if I had to sum it up.

8 Q. How would you characterize the  
9 Complainant's working relationship with Ms. Venne,  
10 the System's Manager, Ms. Saundrah Venne?

11 A. Very strained, in my opinion.

12 Q. The Complainant testified that he was  
13 interviewed telephonically for the position. The  
14 interview panel assumed, based on his diction, that  
15 he was white. He stated that you were shocked when  
16 you greeted him and realized he was black. Could  
17 you comment on this assumption?

18 A. That's very untrue. You know, we  
19 don't interview based on color, race, or ethnicity,  
20 or anything like that. But I will tell you that --  
21 honestly speaking, I will tell you I have grown up  
22 in the South, and he did too, so it was fairly easy

1 for me to tell who I was talking to, but it didn't  
2 bear any significance to what I was doing. I  
3 evaluate people based on the information that I  
4 have in front of me, plus the answers that they  
5 give to the questions. And I was not shocked when  
6 he came and presented himself. I had never met the  
7 man before, but believe me, I had a general  
8 understanding that he was, you know, black. And  
9 really, I had no problem with that. As a matter of  
10 fact, I probably rated him pretty high on his  
11 performance-based interview based on the  
12 information that was given during the interview.  
13 So I don't think that can be substantiated.

14 Q. The Complainant stated that shortly  
15 after his six-month evaluation, Mr. Greer requested  
16 the Complainant provide copies of his training  
17 certificates. Do you have relevant knowledge  
18 related to this request?

19 A. I do know that Mr. Greer had asked  
20 for documentation, simply because many things were  
21 cited in his application, his official application,  
22 that indicated that he had certification, like

1 Microsoft Certification and training, or  
2 Microsoft-certified engineer -- you know, these  
3 certifications generally require, you know, a good  
4 bit of training and documentation. And I guess the  
5 thought was is that based on his performance, his  
6 -- he seemed not to know much about a lot of the  
7 Microsoft applications that he was so-called  
8 certified in, which led, I guess, to some suspicion  
9 that were the documents valid or not. And I think  
10 once they saw them and they were valid, then it was  
11 a non issue. But I think the reason that it was  
12 required at the time was, you know, if you're a  
13 Microsoft-certified professional, and you're having  
14 difficulty using one of the Microsoft products that  
15 you were certified in, I mean, you should be almost  
16 an expert in that. And many of them, he was  
17 challenged, very challenged in trying to use those.

18 Q. The Complainant stated that he could  
19 not get approval for overtime, do you have relevant  
20 knowledge related to this alleged denial?

21 A. There were times when he did get  
22 overtime. But I think, due to our budgetary

1 constraints, not only he, but others, if they did  
2 work over their tour, were offered comp-time to  
3 make up for the extra time that they had placed in.  
4 So, you know, at one time -- the overtime dollars  
5 are very limited, and they felt that because they  
6 were being consumed at a pretty high rate due to  
7 special training, and it's just before work or  
8 after work that were requested by the clinical  
9 staff, that we had to shift to comp-time instead of  
10 overtime.

11 But that was not just for him, it was  
12 everyone, and the overtime dollars were spent on  
13 the overtime staff that covered the hospital at  
14 night, weekends, and holidays that work 24 hours  
15 and were actually on call.

16 Q. Do you have any reason to believe the  
17 Complainant's termination during his probationary  
18 period was influenced by his race?

19 A. No, Sir.

20 Q. Do you have any additional  
21 information that you would like to add regarding  
22 the claim that you have not already shared with me,



1 something that I may have missed that would clarify  
2 any of these issues?

3 A. No, Sir, I don't.

4 Q. And Dr. Beasley, I would like to ask  
5 you at this time, would you like a copy of your  
6 transcript?

7 A. If I it would be possible, it would  
8 be nice to have, Mr. Johnson, just so I could  
9 review it and just make that, you know --

10 Q. Not a problem.

11 A. Because the communications were a  
12 little strained, I want to make sure the point I  
13 was trying to make was well-made. So how will that  
14 be transmitted to me?

15 Q. I will send it to you Fed Ex. Let me  
16 give you some guidelines, here, and then I will get  
17 an address where you would prefer to have your  
18 transcript mailed to you.

19 A. Sure.

20 Q. These are the guidelines you must  
21 follow when you receive the transcript, it's going  
22 to be part of the record.

1 A. Okay.

2 Q. The witness may not make any mark on  
3 the transcript itself, but all corrections shall be  
4 made on the errata sheet that is provided with the  
5 transcript. Any changes to the original transcript  
6 will not be included into the investigative file.  
7 The signed transcript and correction sheet are to  
8 be returned by mail to the investigator within  
9 seven calendar days of the witness' receipt.

10 If the signed transcript and  
11 corrections sheet are not returned to the  
12 investigator within seven calendar days, it will be  
13 deemed that the witness has waived his right to  
14 review, correct, and sign. Witnesses will be  
15 encouraged to keep a copy of the errata sheet and  
16 the transcript, and the witness may not make  
17 substantial changes to their testimony.

18 I am going to mail this to you Fed  
19 Ex, and you must provide an address and telephone  
20 number where you would prefer to receive your  
21 transcript.

22 A. Okay. Well, since you're going to

1 Fed Ex it, it will probably be safer to send it to  
2 my home instead of work, is there any problem with  
3 that?

4 Q. Not a problem.

5 A. Okay. Under my name, address would  
6 be [REDACTED] that's two words, [REDACTED]  
7 [REDACTED]. That would be Montgomery, Alabama,  
8 zip [REDACTED]. Home telephone number is area code  
9 [REDACTED].

10 Q. Okay, is any time to deliver -- what  
11 time, maybe?

12 A. I would say --

13 Q. What's the best delivery time?

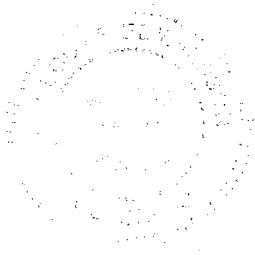
14 A. Probably in the afternoons between  
15 1:00 and 4:00.

16 Q. Okay. Dr. Beasley, This ends your  
17 sworn statement, thank you for your time and  
18 cooperation.

19 (Whereupon, the affidavit was  
20 concluded at 3:48 p.m.)  
21  
22

CERTIFICATE OF COURT REPORTER

I, Rebecca Edwardson, a Notary Public in and for the State of Colorado, before whom the above-entitled cause was taken, do hereby certify that the proceedings were taken by me in shorthand and thereafter reduced to typewriting under my supervision; that said proceedings is a true record; that I am neither counsel for, related to, nor employed by any of the parties to the action in which the proceedings were taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



*Rebecca Edwardson*  
Rebecca Edwardson  
Notary Public in and for  
THE STATE OF COLORADO

My commission expires:  
July 7, 2007

IN THE MATTER OF:

LARRY D. THOMAS

Complainant,

Vs.

CENTRAL ALABAMA VETERANS  
HEALTHCARE SYSTEM,

Respondent.

)  
)  
)  
)  
) Complaint No.  
) 200I-0619-  
) 2004102917  
)  
)  
)  
)

ACKNOWLEDGMENT OF DEPONENT

I, TY BEASLEY, do hereby acknowledge that  
10 I have read and examined pages 2 through 34,  
inclusive, of the transcript of my deposition taken  
11 on Thursday, October 21, 2004, and that:

(Check appropriate box)

12 [ ] The same is a true, correct, and complete  
transcription of the answers given by me to the  
13 questions therein recorded.  
[ ] Except for the changes noted in the attached  
14 Errata sheet, the same is a true, correct, and  
complete transcription of the answers given by me  
15 to the questions therein recorded.

20                      Date

Signature

1	ERRATA SHEET	
2	Page and line number	Correction or
	As reported:	Change and reason
3	Therefore:	
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From: Origin ID: (727)319-1171  
Winston Johnson  
Dept of Veterans Affairs  
Resolution Management (08J)  
10000 Bay Pines Blvd.  
St. Petersburg, FL 33708



CLS09140405/08

SHIP TO: [REDACTED]

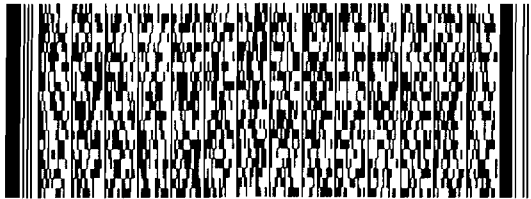
BILL SENDER

Ty Beasley

[REDACTED]

Deliver between 1:00pm and 4:00pm

[REDACTED]



Ship Date: 26OCT04  
Actual Wgt: 1 LB  
System#: 2453096/INET2000  
Account#: S \*\*\*\*\*

REF:



Delivery Address Bar Code

\*\* 2DAY \*\*

THU

Deliver By:  
28OCT04

TRK# 7919 6479 6726

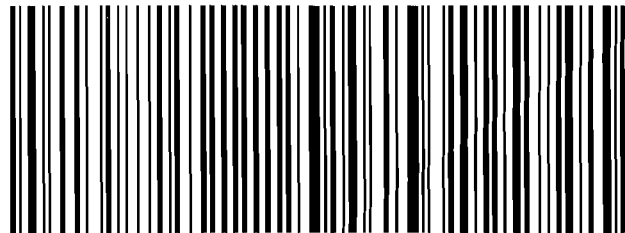
FORM  
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36109 -AL-US

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